

0475-0201P

U.S. APPLICATION NO. (If known, see 37 CFR 1.5)

10/018660

PRIORITY DATE CLAIMED

June 21, 1999

TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371

|                               |                           |
|-------------------------------|---------------------------|
| INTERNATIONAL APPLICATION NO. | INTERNATIONAL FILING DATE |
| PCT/EP00/05737                | June 21, 2000             |

## TITLE OF INVENTION

POLYMERIZABLE DENTAL COMPOSITIONS

## APPLICANT(S) FOR DO/EO/US

SOGOLOWEK, Wolfgang; O'CONNELL, Keith

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1.  This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2.  This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3.  This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39 (1).
4.  The US has been elected by the expiration of 19 months from the priority date (Article 31).
5.  A copy of the International Application as filed (35 U.S.C. 371(c)(2))
  - a.  is transmitted herewith (required only if not transmitted by the International Bureau). WO 00/78271
  - b.  has been transmitted by the International Bureau.
  - c.  is not required, as the application was filed in the United States Receiving Office (RO/US).
6.  An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))
  - a.  is transmitted herewith.
  - b.  has been previously submitted under 35 U.S.C. 154(d)(4).
7.  Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
  - a.  are transmitted herewith (required only if not transmitted by the International Bureau).
  - b.  have been transmitted by the International Bureau.
  - c.  have not been made; however, the time limit for making such amendments has NOT expired.
  - d.  have not been made and will not be made.
8.  An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9.  An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).
10.  An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

## Items 11. to 20. below concern document(s) or information included:

11.  An Information Disclosure Statement under 37 CFR 1.97 and 1.98, Form PTO-1449(s), and International Search Report (PCT/ISA/210) with 0 cited document(s).
12.  An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13.  A **FIRST** preliminary amendment.
14.  A **SECOND** or **SUBSEQUENT** preliminary amendment.
15.  A substitute specification.
16.  A change of power of attorney and/or address letter.
17.  A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825.
18.  A second copy of the published international application under 35 U.S.C. 154(d)(4).
19.  A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
20.  Other items or information:
  - 1.) PCT Substitute Claims Letter w/ PCT/IPEA/409 and amended claims (in German) and English Translation of Amended Claims
  - 2.) Zero (0) sheets of Formal Drawings

| U.S. APPLICATION NO (if known, see 37 CFR 1.5)<br><b>10/018660</b>  |              | INTERNATIONAL APPLICATION NO<br><b>PCT/EP00/05737</b>  | ATTORNEY'S DOCKET NUMBER<br><b>0475-0201P</b> |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
|---|--------------|--|---|--------------|------|--------------|-----------|---|-----------|--------------------|---------|---|-----------|---|--|-----|------------|--|--|--|--|--|--|--|--|-------------------------------------|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|------------------------|----|--|--|---------|----|
| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <p><b>BASIC NATIONAL FEE (37 CFR 1.492(a)(1)-(5):</b></p> <p>Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO. .... <b>\$1,040.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO. .... <b>\$890.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO. .... <b>\$740.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4). .... <b>\$710.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4). .... <b>\$100.00</b></p>  |              | <b>CALCULATIONS PTO USE ONLY</b>   |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| <p><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></p> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).</p>  |              | \$ <b>890.00</b>   |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| <table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>12 - 20 =</td> <td>0</td> <td>X \$18.00</td> </tr> <tr> <td>Independent Claims</td> <td>1 - 3 =</td> <td>0</td> <td>X \$84.00</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>Yes</td> <td>+ \$280.00</td> </tr> <tr> <td colspan="4"> <b>TOTAL OF ABOVE CALCULATIONS =</b> \$ <b>1300.00</b> </td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> </tr> <tr> <td colspan="4"> <b>SUBTOTAL =</b> \$ <b>1300.00</b> </td> </tr> <tr> <td colspan="4">           Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). + \$ 0         </td> </tr> <tr> <td colspan="4"> <b>TOTAL NATIONAL FEE =</b> \$ <b>1300.00</b> </td> </tr> <tr> <td colspan="4">           Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + \$ 0         </td> </tr> <tr> <td colspan="4"> <b>TOTAL FEES ENCLOSED =</b> \$ <b>1300.00</b> </td> </tr> <tr> <td colspan="2"></td> <td>Amount to be: refunded</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>charged</td> <td>\$</td> </tr> </tbody> </table> |              | CLAIMS   | NUMBER FILED                                  | NUMBER EXTRA | RATE | Total Claims | 12 - 20 = | 0 | X \$18.00 | Independent Claims | 1 - 3 = | 0 | X \$84.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  | Yes | + \$280.00 | <b>TOTAL OF ABOVE CALCULATIONS =</b> \$ <b>1300.00</b> |  |  |  | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | <b>SUBTOTAL =</b> \$ <b>1300.00</b> |  |  |  | Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). + \$ 0 |  |  |  | <b>TOTAL NATIONAL FEE =</b> \$ <b>1300.00</b> |  |  |  | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + \$ 0 |  |  |  | <b>TOTAL FEES ENCLOSED =</b> \$ <b>1300.00</b> |  |  |  |  |  | Amount to be: refunded | \$ |  |  | charged | \$ |
| CLAIMS  | NUMBER FILED | NUMBER EXTRA   | RATE  |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| Total Claims  | 12 - 20 =    | 0  | X \$18.00                                     |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| Independent Claims  | 1 - 3 =      | 0  | X \$84.00                                     |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |              | Yes  | + \$280.00                                    |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| <b>TOTAL OF ABOVE CALCULATIONS =</b> \$ <b>1300.00</b>  |              |  |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.  |              |  |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| <b>SUBTOTAL =</b> \$ <b>1300.00</b>   |              |  |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). + \$ 0   |              |  |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| <b>TOTAL NATIONAL FEE =</b> \$ <b>1300.00</b>   |              |  |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
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| <b>TOTAL FEES ENCLOSED =</b> \$ <b>1300.00</b>  |              |  |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
|   |              | Amount to be: refunded   | \$  |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
|   |              | charged  | \$  |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| <p>a. <input checked="" type="checkbox"/> A check in the amount of <u>\$ 1300.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2448</u>.</p>  |              |  |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b></p>   |              |  |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| Send all correspondence to:<br>Birch, Stewart, Kolasch & Birch, LLP or Customer No. 2292<br>P.O. Box 747<br>Falls Church, VA 22040-0747<br>(703) 205-8000   |              |  |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| Date: <u>December 21, 2001</u>  |              | By <br>Andrew D. Meikle, #32,868 |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |
| /cqc  |              |  |   |              |      |              |           |   |           |                    |         |   |           |   |  |     |            |  |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |                        |    |  |  |         |    |